

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026608

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 148

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>200 S. Vandeventer</u>		d. STREET ADDRESS (If outside, give location) <u>200 S. Vandeventer</u>	

3. NAME OF DECEASED (Type or print) <u>Luther Eugene Wilkerson</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>4</u> Year <u>1962</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/5/1902</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>accountant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>accounting</u>		
11. BIRTHPLACE (City and state or country) <u>Myrtle, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>Oliver Wilkerson</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Morgan</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Wilkerson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War One</u>		
17. INFORMANT <u>Florence Wilkerson, Kennett, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
DUE TO (b) <u>ASHD</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>6:45p</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Kennett Mo.</u>	COUNTY <u>Dunklin</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>Made house call on night of death</u> to <u>Dead on arrival</u> and last saw her alive on <u>6:45p</u> Death occurred at <u>approximately</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>William E. McDaniel, M.D.</u>	22b. ADDRESS <u>Kennett Mo.</u>	22c. DATE SIGNED <u>6 Aug 62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/7/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dunklin Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Kennett Missouri</u>
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24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser. Kennett, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-6-1962</u>	26. REGISTRAR'S SIGNATURE <u>Lois H. Heston</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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AUG 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas L. Wheatley

Licensed Embalmer No. 4886

P. O. Address Kennett, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.